# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typying, type over the lines

12FE4M5

**MARINETTE MARINE CORPORATION PAC MMCPAC**

ADDRESS (number and street)

(Check if address is changed)

**1600 ELY ST**

**MARINETTE**                                    **WI**        **54143**  –

CITY▲                              STATE▲              ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

**shanna.zahn@us.fincantieri.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE     M M **0 3**  /  D D **2 4**  /  Y Y Y Y **2 0 1 0**

3. **FEC IDENTIFICATION NUMBER**     **C**  **C00459453**

4. IS THIS STATEMENT     X   NEW (N)     **OR**     ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer     **Ms Shanna Lee Zahn**

Signature of Treasurer     Electronically Filed by     **Ms Shanna Lee Zahn**     Date   M M **0 3**  /  D D **2 4**  /  Y Y Y Y **2 0 1 0**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

**For further information contact:**
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

# FEC FORM 1

(Revised 02/2009)

5.   TYPE OF COMMITTEE (Check One)

**Candidate Committee:**

(a)       ☐        This committee is a principal campaign committee. (Complete the candidate information below.)

(b)       ☐        This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

Candidate
Party Affiliation [☐]          Office
Sought:   ☐  House        ☐  Senate        ☐  President          State [☐]

District [☐]

(c)       ☐        This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

**Party Committee:**

(d)       ☐        This committee is a   [☐]   (National, State
(or subordinate) committee of the   [☐]   (Democratic,
Republican,etc.) Party.

**Political Action Committee (PAC):**

(e)       ☒        This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☒  Corporation          ☐  Corporation w/o Capital Stock          ☐  Labor Organization

☐  Membership Organization          ☐  Trade Association          ☐  Cooperative

☐  In addition, this committee is a Lobbyist/Registrant PAC.

(f)       ☐        This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐  In addition, this committee is a Lobbyist/Registrant PAC.

☐  In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g)       ☐        This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h)       ☐        This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.                                                              FEC ID number   C

2.                                                              FEC ID number   C

3.                                                              FEC ID number   C

4.                                                              FEC ID number   C

Write or Type Committee Name

**MARINETTE MARINE CORPORATION PAC MMCPAC**

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

**Marinette Marine Corporation**

Mailing Address          **1600 Ely Street**

**Marinette**          **WI**          **54143** –

CITY▲                STATE▲          ZIP CODE ▲

Relationship:

[X]  Connected Organization        [ ] Affiliated Committee        [ ] Joint Fundraising Representative        [ ] Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name          **Mrs. CATHERINE M. WINDBERG**

Mailing Address          **W1276 COUNTRYSIDE P-2**

**MENOMINEE**                    **MI**          **49859** –

Title or Position ▼                            CITY ▲              STATE▲          ZIP CODE ▲

**Executive Assistant**                  Telephone number    **715** – **735** – **9341**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer          **Ms Shanna Lee Zahn**

Mailing Address          **1600 Ely Street**

**Marinette**                    **WI**          **54143** –

Title or Position ▼                            CITY ▲              STATE▲          ZIP CODE ▲

**Finance**                              Telephone number    **715** – **735** – **9341**

Full Name of
Designated
Agent                                    **RICHARD MCCREARY**

Mailing Address                       **320 IROQUOIS AVE**


                                        **GREEN BAY**                        **WI**          **54301** – _____

Title or Position ▼                   **CITY** ▲                    **STATE** ▲          **ZIP CODE** ▲


            **President**                                   Telephone number    **715** – **735** – **9341**


9.  **Banks or Other Depositories:**    List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

        **Wells Fargo**

Mailing Address      **962 First Street**


        **Menominee**                                    **MI**          **49858** – |___|

                        **CITY** ▲                    **STATE** ▲          **ZIP CODE** ▲

Name of Bank, Depository, etc.



Mailing Address



                        **CITY** ▲                    **STATE** ▲          **ZIP CODE** ▲